

# 30/30 NAGE (Humana VIP)

<b>Name</b>	
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On the accompanying benefit applications and this enrollment form, I have applied for certain benefits offered through the above group. It is my decision to receive the following through allotment / payroll deduction.

		<b>Initial Election</b>	<b>30/30 ELIM. Bi-Weekly Deduction</b>
<b>80330</b>			
<b>Disability Plan (Occ 2)</b>	<b>ONE YEAR</b>		
\$ 800 per month Benefit			\$16.82
\$1000 per month Benefit			\$21.02
\$1200 per month Benefit			\$25.23
\$1400 per month Benefit			\$29.43
\$1500 per month Benefit			\$31.53
\$1600 per month Benefit			\$33.63
\$1800 per month Benefit			\$37.84
\$2000 per month Benefit			\$42.04
\$2500 per month Benefit			\$52.50

**Authorized Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_



UNITED

B E N E F I T S

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